



## State of New Hampshire Department of Transportation Legal Claim Form

Please attach two repair estimates and color photos of the claimed damage. If repair(s) have been completed and paid for, please provide a copy of your receipt(s) and/or proof of payment. If any additional amounts are included in the Total Claim Amount, please provide receipts or other proof of such expenses.

Please complete all fields below. If this form is not completely filled out, the Department of Transportation will not be able to fully investigate your claim and the claim form will be returned to you.

Total Claim Amount: \$
Claimant's Name:
Claimant's Address:
Claimant's Telephone Number: ( )
Claimant's email:
Date & Time of Incident:
Town/City Where Incident Occurred:
Name, address, phone number of driver of vehicle, if different from claimant:
Name, address and phone number of any witnesses:
Location Where Incident Occurred; Please provide as much detail as possible, including Route #, Name of Road, Mile Marker, Nearest Crossroad or Exit, Direction of Travel, where you entered and exited the road, etc.:

Type of Property Damage:	☐ Other (Please name):
Please describe the alleged inc separate sheet of paper):	ident <u>in detail</u> (You may provide additional detailed information on
Have you filed a claim with yo	our insurance company?:   Yes   No including address and telephone number:
Amount of Deductible: \$	
<b>Estimated Total Cost of Repai</b>	ir: \$
If insurance deductible has be	en paid, please provide receipt or other proof of payment.
Have you received payment fr	com your insurance company for repairs?: $\square$ Yes $\square$ No
If so, please provide proof of p	payment from your insurance company.
I declare under penalty of perand correct.	jury that I am the Claimant named above, and the foregoing is true
Signature:	Date:





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Instructions for submitting a claim for damages with the Department of Transportation:

- All claims for damages must be filed with the Department within 60 days of the date of the accident, pursuant to RSA 228:29.
- The claim form <u>must be filled out completely</u>, and must include copies of all receipts and/or proof of payment, colored photographs and two (2) estimates for the alleged damage. Failure to complete the claim form or provide the documentation may result in the Department returning the claim form to you without investigation. Until the Department of Transportation has received the above information and is able to complete an investigation of the claim, the Department denies any liability for the damage.
- Submitting a claim form and documentation is not a guarantee of positive finding or payment.
- All claims for damages must be submitted to the Department for investigation pursuant to RSA 228:29 and RSA 541-B:11.
  - > The Department of Transportation only has authority to decide claims that are less than \$2,000.00.
  - Claims over \$2,000.00 are decided by the Board of Claims. Any claim for damages over \$2,000 should be filed with the New Hampshire Secretary of State's Office, which will forward the claim to the Board of Claims. The Attorney General's Office is legal counsel to Department of Transportation and will represent the Department before the Board of Claims. See RSA 541-B:11 for the Board of Claims procedures.
- Once completed, please mail claim form(s) including all documentation to:

William Cass, Assistant Commissioner NH Department of Transportation P.O. Box 483 Concord, NH 03302-0483